

OSCAR REPORT 3  
HISTORY FACILITY PROFILE

ARLINGTON HILLS CARE CENTER LL  
165 SOUTH 10TH EAST  
SALT LAKE CITY UT 84102  
STATE'S REGION CODE: 001

PROVIDER #: 465072 FACILITY BEDS  
PHONE NUMBER: (801) 322-5521 TOTAL: 108  
PARTICIPATION DATE: 12/15/1979 CERTIFIED: 108 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 04/10/2003

TOTAL: 57  
MEDICARE: 10  
MEDICAID: 42  
OTHER: 5

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 108

18 18/19 19 ICF/MR  
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108

CURRENT SURVEY REVISIT DATES - 06/05/2003

PRIOR 3 SURVEY 06/2000	S/S CODE	PRIOR 2 SURVEY 08/2001	S/S CODE	PRIOR 1 SURVEY 07/2002	S/S CODE	CURRENT SURVEY 04/10/2003	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
						X C	B	06/05/2003	REQ F0241-DIGNITY
						X C	E	06/05/2003	REQ F0242-SELF-DETERMINATION - RESIDENT MAKES CHOICES
X	E								REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
X	B								REQ F0258-COMFORTABLE SOUND LEVELS
X	E			X	D				REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
				X	B				REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING
X	G								REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	E								REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
						X C	H	06/05/2003	REQ F0325-RES MAINTAIN NUTRITIONAL STATUS UNLESS UNAVOIDABLE
						X C	H	06/05/2003	REQ F0326-RESIDENT RECEIVES THERAPEUTIC DIET WHEN REQUIRED
						X C	D	06/05/2003	REQ F0328-PROPER TREATMENT/CARE FOR SPECIAL CARE NEEDS
		X	E						REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
X	E								REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
X	E								REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
						X C	E	06/05/2003	REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
						X C	F	06/05/2003	REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
						X C	E	06/05/2003	REQ F0366-SUBSTITUTES OFFERED OF SIMILAR NUTRITIVE VALUE
X	B								REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
X	E	X	E			X C	E	06/05/2003	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
X	B								REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB
X	E	X	E						REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
		X	D						REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS
X	B								REQ F0520-FACILITY MAINTAINS QA COMMITTEE

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST

PRIOR 3 PRIOR 2 PRIOR 1 CURRENT  
SURVEY SURVEY SURVEY SURVEY  
04/2000 08/2001 07/2002 04/09/2003

			X C	06/04/2003
		X		
X	X	X		
	X	X		
			X C	06/04/2003
			X C	06/04/2003
X	X			
X	X	X	X P	06/04/2003
		X		
		X	X P	06/04/2003
	X			
X	X	X		

LSC DEFICIENCIES - BLDG NO. 01

K0012-CONSTRUCTION TYPE  
K0018-CORRIDOR DOORS  
K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS  
K0033-EXIT PARTITIONS  
K0038-EXIT ACCESS  
K0039-CORRIDOR WIDTH  
K0046-EMERGENCY LIGHTING  
K0047-EXIT SIGNS  
K0050-FIRE DRILLS  
K0051-FIRE ALARM SYSTEM  
K0052-TESTING OF FIRE ALARM  
K0054-SMOKE DETECTOR MAINTENANCE  
K0062-SPRINKLER SYSTEM MAINTENANCE  
K0130-OTHER

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TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	9	2	4	12
HEALTH TOTAL	9	2	4	12
LIFE SAFETY CODE	6	9	6	4
LIFE SAFETY CODE + HEALTH	15	11	10	16

COMPLAINT SURVEY INFORMATION

SURVEY DATE STATUS  
04/11/2002 UNSUBSTANTIATED

08/06/2002	UNSUBSTANTIATED
01/14/2003	SUBSTANTIATED
04/10/2003	SUBSTANTIATED

FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
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07/11/2002	COMPARATIVE